

## 03SA/IH PROGRAM INTERAGENCY TRANSMITTAL FORM

☒ Application   ☐ Review   ☐ Rate Change   ☐ COLA   ☐ Other Change   ☐ Supplement

TO: SA/IH CASE MANAGER: \_\_\_\_\_ ADULT SERVICES UNIT DATE: 03-15-13

X SA CASEWORKER: Kind IMC, ADULT MEDICAID UNIT DATE: \_\_\_\_\_

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CASE NAME: C. J. SA/IH AUTHORIZATION #: 364

EIS CASE ID#: 12345678

SA ELIGIBLE: ☒ YES   ☐ NO

FL-2 NEEDED: ☐ YES   ☒ NO

INCOME: RSDI \$ 754.00 SSI \$ \_\_\_\_\_ VA \$ \_\_\_\_\_ OTHER \$ 112.40

SA/IH PARTIAL MONTH: 03-13 MAXIMUM ELIGIBLE AMOUNT \$ 891.00

SA/IH ONGOING MONTH: 04-13 MAXIMUM ELIGIBLE AMOUNT \$ 286.00

SA/IH SUPPLEMENT POTENTIALLY DUE CLIENT FOR THE PERIOD OF: \_\_\_\_\_

IN THE AMOUNT OF \$ \_\_\_\_\_

REASON FOR SUPPLEMENT: \_\_\_\_\_

IMC SIGNATURE: Kind IMC DATE: 03-15-13

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SA/IH PARTIAL MONTH: \$ 417.00 AUTHORIZED by SA/IH CASE MANAGER

SA/IH ONGOING MONTH: \$ 126.00 AUTHORIZED by SA/IH CASE MANAGER

SA/IH SUPPLEMENTAL PAYMENT OF \$ \_\_\_\_\_ FOR THE PERIOD OF \_\_\_\_\_

AUTHORIZED by SA/IH CASE MANAGER:

SA/IH CASE MANAGER SIGNATURE: Caring CM DATE: 3/18/2013